PTC/S8/82 (01-06)
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Application Number	Please see Schedule A	
		Filing Date	Please see Schedule A	
		First Named Inventor	Please see Schedule A	
		Art Unit	Please see Schedule A	
		Examiner Name	Please see Schedule A	
		Attorney Docket Number	Please see Schedule A	
I hereby i	I hereby revoke all previous powers of attorney given in the above-identified application.			
A Power of Attorney is submitted herewith.  OR  X I hereby appoint the practitioners associated with the Customer Number: 28120				
Please change the correspondence address for the above-identified application to:				
Firm or Individual Name ROPES & GRAY LLP				
	NOUT TO THE			
Address				
Address City				
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Address  City  Country  Telephone  I am t  Appl  X Ass  Signature  Name  Date  Note: Sig	the: plicant/inventor. signee of record of the entire inferest. Seament under 37 CFR 3.73(b) is enclosed in the entire of the en	ee 37 CFR 3.71.  de (Form PTO/SB/96)  pplicant or Assignee of	f Record	